

ORIGINAL RESEARCH

The role of nursing in the self-management system

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Abstract

There are different types of healthcare providers in the Spanish national health system: some are public and others private. In Catalonia, an autonomous community in Spain, the public insurer CatSalut decided to contract health services to companies of healthcare professionals to manage the resources allocated to healthcare of a given population in the primary care setting. The objectives of this professional participation model are to achieve the maximum involvement of professionals, to be more efficient and more sensitive to the needs and demands of the people assisted. This singular model in the Spanish public system offers the possibility to healthcare professionals to own the entity that manages the services; this possibility extends to nursing professionals, who see expanded their field of action and their capacity to influence the organizational and assisting model of the healthcare system. These professional associative-based entities provide an opportunity to nursing, which already had an important role in the healthcare system due to their contributions and capabilities, in order to be part of an enterprise and therefore its owner. The autonomy of this group is encouraged, with its own open offices, its contributions and work are valued and its effort is recognized with incentives of all kinds, such as economic. The satisfaction of nursing in this management model, known as self-management, is elevated thanks to the role they assume and to social recognition amongst patients and the community where they practice their profession.

Key words

Self-management, Nursing autonomy, Differential role

1 Introduction

Within the Spanish public primary care there are organizations providing services that offer different degrees of autonomy to their healthcare professionals. Autonomy in the exercise of nursing is recognized as an important factor directly related to the perception of nurses in terms of satisfaction at work, positive environments for their professional practice and the quality of the patient care and the people assisted on behalf of the healthcare system ^[1].

There is a direct relation between the capacity to manage resources by professionals and efficiency, as well as professional and patient satisfaction. There is some question whether the health professional has only to assume its specific tasks in the healthcare profession or can simultaneously exercise organizational tasks and business management.

Nurses respond to a vital role in the process of patient care in the public health system, acting in a relevant and important way in terms of prevention, promotion and treatment of diseases or health conditions. Reality shows us that nurses play a

determining function in the elaboration of the health situation analysis, identification and prioritization of problems, target identification, planning of activities and control processes at different levels of responsibility^[2].

The article intends to explain the differential role of nursing in self-managing models.

1.1 Self-management

Situation in which healthcare professionals directly manage the service, within the framework of an entity that they own.

Many European countries and the United States have implemented this model in their health systems. In Spain the dominant provision model is public, in which the healthcare professionals are officials (a person who works for the public system) of the different autonomous communities.

1.2 Nursing autonomy

There are many definitions in the literature; the term ultimately expresses the ability of nurses to modulate their job and to take the initiative to change the organization towards a better service in terms of quality and satisfaction of patients.

These are some examples or phrases that express the meaning of the term:

- Freedom to act in the profession
- How much independence nurses have at work, initiative and freedom, either permitted or required in daily activities
- Control of work
- To consider independent judgment to obtain a desired result
- The ability to carry out functions independently

The capacity in making decisions and performing autonomously are common elements in most of these definitions.

2 Primary care in Catalonia

In the Catalan public health system there are several assisting levels: primary care, specialized care, hospital care, socio-sanitary care and mental health. Primary care is the gateway to the health system. It performs as a regulating agent and it offers proximity and accessibility.

In the public health system in Catalonia, the insurance function is performed by a public body called Catalan Health Service, through a system of contracting, fixed objectives, indicators and the evaluation of health outcomes. The provision of healthcare services is realized by a network of institutions with public, private or mixed ownership.

In primary care, the only provider until 1991 in Catalonia was of public ownership, the Catalan Institute of Health. From this year, the Catalan Health Service, with the initiative of the Catalan Government, promoted the participation of other institutions, of private or mixed ownership, to provide these services. These currently represent 14% of the total institutions providing care.

In primary care, the organization is based on Primary Care Teams, formed by family doctors, pediatricians, nurses, dentists, social workers, auxiliary clinical staff and administrative assistants. These teams are in charge of providing health care to the population of a particular geographic area, called basic health areas, which range between five thousand and twenty five thousand inhabitants.

The Catalan Health Service assigns each provider an annual budget, according to demographic, economic and social characteristics of the population and the number of inhabitants in their basic health areas. Diversification of providers is intended: to obtain a higher efficiency of the system, to generate some competition with the public provider (Catalan Institute of Health) and between themselves.

In 1993, some leaders of the Catalan Health Service supported the creation of a new management model, known as self-management, which would allow health professionals to participate in the market of the provision as owners of the entities in charge of the management of these services. This could lead to higher satisfaction among the population regarding these services, higher satisfaction within professionals, higher level in the resolution and containment of health problems, better technical results and, therefore, higher system efficiency.

The Catalan Health Service allows health professionals of the public system to participate in the management of the services through companies formed only by them or associated to other entities or persons. In return, they are assigned a population to assist and a budget to use independently. They are required to provide a catalog of provisions, technical results and a level of user satisfaction that guarantees a minimum quality of assistance^[3].

2.1 The self-management model

All the existing models in the public healthcare system intend to achieve the highest involvement of the professional to get the best results in efficiency and satisfaction. The management of the resources directly affects the quality of the service^[4].

There is evidence that health professionals are capable of being owners of the entities and to offer the best service in primary care. Associative-based entities have been providing services in Catalonia for fifteen years and in many countries this model is an accepted and normal situation^[5-7].

In Catalonia the possibility of contracting companies of professionals by CatSalut was legislated, in order to provide public healthcare services^[8]. The accepted formulas are: Public Limited Company, Limited Society, Co-operative and Labour Cooperative Society^[9]. The most commonly used legal formula is the professional limited liability corporations owned by the professionals.

In Spain and Catalonia, the condition of an official (a person who works for the public system) has a positive social position among the population. Officials know that in return for a well delimited dedication, usually not very wide, they are assured a job for the rest of their lives, with a fixed salary upon which to have an adequate living. These benefits or perks are obtained in return for giving up much of professional autonomy that doctors and nurses have in the rest of the European Economic Community and with a differentiated compensation. This labor and social framework makes difficult the decision capacity of the official, that's to say to move from a public to a private management system. The advantages for the professional that assumes risks and disclaims certain labor advantages of the public system, are focused on better professional prospects, greater autonomy in the workplace, a better economic remuneration proportional to the effort and owning a part of the entity^[10].

The reality is that associative-based entities of Catalonia have made more efficient use of resources than the other vendors. Furthermore, with greater satisfaction of citizens and professionals, and with results comparable in terms of health. This statement is based on the evaluation of management models in Catalonia by Avenir Donabedian Foundation^[11], where coming away that if all teams had the Catalan average cost of associative-based entities, the overall savings in care primary in a year would be 240 million Euros. The average of these centers is at 130 Euros per inhabitant per year below the average Catalan. If these data are applied to the seven million inhabitants of Catalonia, we get a potential savings of about 917 million Euros a year.

The cost in pharmacy by associative-based entities is lower, at least so far, probably due to the direct financial risk assumed by the entity and prescribers: if spending exceeds the budget, economic performance will be worse for both. With

the limitations on the limitation period following the economic crisis and the obligation to provide the most economical drug delivery, results may vary.

CatSalut publishes every year and these results show that self-managed centers are positioned at the top.

2.2 The role of nursing in these entities

In associative-based entities there is a differential role that gives nursing greater prominence, more competences, and more autonomy, which results in a better assessment of the social prestige of the profession. Starting to work with a labor contract in the entity, they can become a partner of the company through their own merits (see Table 1), gaining a voice in decision making in the management and functioning of the center.

Table 1. Merits to become a partner

1) Responsibility and professionalism
2) Involvement in the activities of the company
3) Initiative at contributing improving ideas in the functioning of the center
4) Proper management of demand

2.3 Autonomy is promoted

Autonomy in the workplace is promoted, encouraging personal initiative in the organization of the schedule and the competences assumed (detailed below). Nurses have their own offices and the schedule is available to the public, in order to ask for direct care with nursing. This involvement and initiative is recognized and rewarded through a remuneration policy that, in associative-based entities, is based on a total incentive system, such as economic (see Table 2) ^[12].

Table 2. Incentive system

1) As a partner and owner of the entity: <ul style="list-style-type: none"> • Value of shares owned • Distribution of profits
2) As a professional: <ul style="list-style-type: none"> • Basic salary of the public healthcare system guaranteed • Distribution of incentives as a variable part of the salary for all professional categories and according to their individual contribution to the entity. The percentage on the total of the salary varies depending on the annual economic outcomes and the distributive policy of each entity. It ranges from 10 to 30%.
3) Income from other professional activities (clinical trials, provision from third-parties)
4) Possibility to be a partner and owner

The range of activities and programs carried out by nurses is wide and has been extended according to demand and emerging needs, especially in the care of chronic patients:

- 1) Program of disease prevention and promotion of health
- 2) To assume part of the management of chronic diseases and risk factors
- 3) Control of protocolized acute pathology: urinary tract infections, candidacies, colds without fever and minor trauma
- 4) Different techniques and procedures: injectables, bandages, nebulization, ECG, earwax removal, blood pressure and heart rate, monitor placement, spirometry, eudiometry, tonometry and optotypes
- 5) Extractions and samples for analysis
- 6) Sintrom control (anticoagulation)
- 7) Emergencies

- 8) Group education and expert patient program
- 9) Clinical trials
- 10) Formation and teaching of undergraduate and postgraduate in nursing and family and community medicine
- 11) Acute and chronic home care: assumption of the role of case managers, which are responsible for ensuring that the patient has an identified referent, for mobilizing the necessary resources according to the evolutionary moment of the patient and for being proactive to prevent decompensation
- 12) Continuous formation and sessions (training sessions given by health professionals to stay up to date on health issues)

Apart from the techniques and activities related to nursing care work, it should be noted the four possible roles that a nurse can carry out in self-management models:

- Owner of the associative-based entity: as mentioned above, the gateway to the company is a contract job. Nurses have the same opportunities as doctors to become a partner and, therefore, owner. The keys of access to partner status are involvement and contribution to the improvement of the service, which means the added value provided by each person.
- To participate in the administrative body of the company: the entity administrator in its different forms.
- Manager of the company: being part of the management team, which can also be comprised of doctors, nurses and administrative assistants. This body decides about personnel issues, is continually assessing economic outcomes and satisfaction of professionals and users.
- Care: nursing has full autonomy in their workplace, provided that nurse meets the objectives set by Catalan Health Service for each year and within their capabilities and competencies. Not only carrying out the work in his office daily, but also calling poorly controlled chronic patients to try to ensure an improvement in their overall health and get to have vaccinations up to date. Home care depends on nursing, acting as case manager and meeting users' demands and needs. Group education is led by the nurse in terms of issues, patients' recruitment, preparation and realization of sessions.

All centers managed by associative-based entities are computerized and have a set of objectives, indicators and monitoring of health outcomes of their patients. These objectives can be evaluated in the patients of each nurse or doctors, and allows discriminating the impact their work has on the outcomes. Each professional has on their computer screen a graph with the evolution of his or her outcomes in each indicator proposed by the company and by the Catalan Health Service. This allows each professional to know the status of their professional performance.

2.4 Aspects to consider as possible threats in the relationship of the professional and partner with the associative-based entity

In the case of being a manager of the company, the professional assumes an additional risk related to poor or fraudulent management, of which he should respond if justice requires so. This is a minor risk that must be taken into account.

In the current economic crisis, there is a risk that the buyer of public services cannot meet the economic commitments and the entity enters into economic crisis. In the 16 years of the existence of the model, this hasn't occurred and it is therefore a risk related to the economic crisis evolution and is common to all service providers.

Another potential threat is disagreements between partners, which can complicate the management of the company and even its viability. In these 16 years, there have been some conflicts between partners that have been resolved without further complications and without compromising the future of the entities.

3 Conclusions

In primary care organizations with wide horizontal autonomy of professionals to perform their duties are more efficient and favorable to them and to patients. The public health systems and institutions should promote organizations that give maximum autonomy to professionals and they have to break through legal and economic risk.

Schools or institutions have professional representation with influence in governments to promote the associative- based entities in the provision of health services. Nurses are professionals and are trained to assume the role as owners or co-owners of the associative- based entities; its role in primary care is very important and not replaceable. From this position must compete to position itself as members of these organizations, along with other medical professionals and family, midwives, physiotherapists.

Nursing has seen how these associative-based entities value their contribution to the workplace. Nurses can take part in the decisions of the company, participate in the management of the resources and know that good work and effort is recognized. All this translates into higher efficiency that comes from greater professional involvement, which is much more motivating and results in greater work satisfactions. Nurses in associative-based entities see their professional field of action broadened, making possible development of their abilities and greater use of their knowledge, which results in better care for people.

The self-management model is a career opportunity that generates expectations for the future of nursing. Not long ago, nurses were only considered as caregivers, always relegated to acting at the discretion of doctors.

The greater autonomy in the workplace that nursing has in these entities is an important step to improve demand management, to reduce service costs and to improve the satisfaction of the people assisted.

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